

**TRANSMITTAL AND NOTICE OF APPROVAL  
OF STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER  
00-7

2. STATE  
Illinois

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE:  
July 1, 2000

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
42 CFR 431.11 & Section 1902(a)(4) Social Security Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 2000 - \$4,414,600  
b. FFY 2001 - \$26,487,600

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 4.19-D, page 116

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (if Applicable):  
Attachment 4.19-D page 116

10. SUBJECT OF AMENDMENT: **METHODS AND STANDARDS FOR ESTABLISHING INPATIENT RATES FOR HOSPITAL  
REIMBURSEMENT**

11. ☐ GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☒ OTHER, AS SPECIFIED:  
Not submitted for review by prior  
approval.

12. SIGNATURE OF AGENCY OFFICIAL: *Ann Patla*

13. TYPED NAME: Ann Patla

14. TITLE: DIRECTOR

15. DATE SUBMITTED: 8-29-00

16. RETURN TO:

ILLINOIS DEPARTMENT OF PUBLIC AID  
201 SOUTH GRAND AVENUE, EAST  
SPRINGFIELD, IL. 62762  
ATTENTION: Lynn Handy  
Deputy DIRECTOR

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED: 11/1/00

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/2000

20. SIGNATURE OF REGIONAL OFFICIAL: *Chief Harris*

21. TYPED NAME:

22. TITLE:

23. REMARKS:

State Illinois

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - Reimbursement to Long  
Term Care Facilities

01/99 VI. Long Term Care Facility Rate Adjustment

01/97 Notwithstanding the provisions set forth for maintaining rates at the levels in effect on January 18, 1994, long term care facility (NFs and ICFs/MR) rates established on July 1, 1996, shall be increased by 6.8 percent for services provided on or after January 1, 1997.

07/98 Notwithstanding the provisions set forth for maintaining rates at the levels in effect on January 18, 1994, long term care facility (NFs and ICFs/MR) rates and day training rates established on July 1, 1998, for services provided on or after that date shall be increased by three percent and, in the instance of NFs only, \$1.10 shall be added to the nursing component of the rate.

07/99 Notwithstanding the provisions set forth for maintaining rates at the levels in effect on January 18, 1994, long term care facility rates and developmental training rates established on July 1, 1999, for services provided on or after that date shall be increased as follows:

- 1) NFs, ICFs/MR and day training rates shall be increased by 1.6 percent;
- 2) ICFs/MR rates shall be increased an additional \$3.00 per resident day; and
- 3) developmental training rates shall be increased an additional \$10.02 per person, per month.

10/99 Notwithstanding the provisions set forth for maintaining rates at the levels in effect on January 18, 1994, nursing facility rates established on October 1, 1999, for services provided on or after that date shall be increased by \$4.00 per resident day.

7/00 Notwithstanding the provisions set forth in Section 153.100, long term care facility (SNF/ICF and ICF/MR) rates and developmental training rates shall be increased by 2.5 percent for services provided on or after July 1, 2000.

01/99 VII. Public Notice Process

01/99 The Department has in place a public process which complies with the requirements of Section 1902(a)(13)(A) of the Social Security Act.

TN# 00-7 APPROVAL DATE 7/1/2000 EFFECTIVE DATE 7/01/00  
SUPERCEDES  
TN# 99-11